

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10 / 5 2 7 4 2 2

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		X			
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		(1)				
10		(1)				
11		(1)				
12			1			
13				1		
14				1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	12	←	10	←		←
TOTAL CLAIMS	13		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						